



APPLICATION GUIDE FOR USE OF EXPERIMENTAL PESTICIDES ON AQUATIC SITES

The Washington State Department of Agriculture (WSDA) designed this guide to assist you in acquiring the **Washington State Experimental Use Permit (WSEUP)**. This permit, which is issued by WSDA, is required for all experimental projects involving the application of pesticides that are not registered in aquatic environments, and for all experiments involving uses not allowed by the pesticide label. All aquatic pesticides are classified as "restricted-use" in Washington State and therefore require a license and aquatic endorsement for application.

APPLICATION COMPONENTS / PROCESS

Complete the one page application and attach any needed supporting documentation. Submit the completed application to the WSDA at least 30 days prior to proposed beginning treatment date. Your permit application will be reviewed once all the information has been provided. Including all elements listed below with your permit application will help expedite the permitting process. Some applications may require additional information.

- ❖ Pesticide information
- ❖ Human toxicity data
- ❖ Aquatic toxicity data
- ❖ Label and MSDS
- ❖ Experiment location, map
- ❖ Success measurements
- ❖ Mitigation measures
- ❖ Federal EUP information (If applicable)

NPDES Permit Coverage required from Washington State Department of Ecology

Coverage under a National Pollutant Discharge Elimination System (NPDES) permit is required whenever an experimental pesticide is going to be applied to an aquatic environment. Coverage can be applied for under existing NPDES permits or under a new individual NPDES permit. For more information call Ecology's Permit assistance center at **(360) 407-7037** or **(800) 917-0043**, or [E-mail \(ecypac@ecy.wa.gov\)](mailto:ecypac@ecy.wa.gov). Exemption from the State Environmental Protection Act (SEPA) review for water quality permits issued for experimental use of herbicides on aquatic sites (according to Senate Bill 5670 effective on June 7, 1999 by the Governor's signature) is limited to experiments of one surface acre or less. Experimental use under federal EUPs for sites larger than one surface acre are still subject to SEPA review.

LICENSING REQUIREMENTS

Uses of experimental pesticides are not exempt from other state/federal laws. Except as provided in RCW 17.21.203, a Demonstration and Research license is required to use or supervise the use of any experimental or restricted use pesticide when applied on small plots for research purposes.

WSDA CONTACT

If you have questions, please call the designated agency contact below.

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Application for Use of Experimental Pesticides on Aquatic Sites

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BEFORE YOU COMPLETE THIS APPLICATION, PLEASE REFER TO THE ATTACHED INSTRUCTIONS (*Attach Supporting Information)

Applicant Name:	Telephone (+Area Code):	Fax Number (+ Area Code):
Mailing Address (City, State, Zip):		E-mail Address:

Pesticide Tradename:	Active ingredient(s) & percentage:	EPA Reg. No.:	Federal EUP No.:
Manufacturer / Registrant:	Use Precautions / Restrictions:		
Tolerance (i.e. fish / shellfish): _____: (ppm) Tolerance Exempt (check if applicable): <input type="checkbox"/>	Vapor Pressure:	Koc:	
Chemical Structure:	Water Solubility:	Degradation data (e.g. aquatic metabolism half-life in days if available):	
Acute Toxicological Data			
Oral LD50 (mg/kg) ¹ : Species:	Dermal LD50 (mg/kg) ¹ : Species:	Inhalation LC50(mg/l) ¹ : Species:	
Environmental Toxicity Information: (Data for Most Sensitive Species)			
Fish LC50 (mg/l) ² : Species: Reference:	Fish NOEC (mg/l) ² : Species: Reference:	Invertebrate (mg/l) ³ : Species: Reference:	Aquatic Plant ECx (mg/l) ⁴ : Species: Reference:

Seawater Challenge Test Completed: ___ Yes ___ No If yes, then please attach results.

Crop / Site:	Target Pest(s):	Type of Data Sought (residue, efficacy, etc.):	
Rate of Application (active ingredient/acre):	Size of Treatment Area:	Method of Application: Ground <input type="checkbox"/> Air <input type="checkbox"/> Other _____	
Beginning Treatment Date: _____ Subsequent Treatment Date(s): _____	Ending Date of Experiment:	Restricted Entry Interval:	Pre-harvest Interval (i.e. fish/shellfish):
Property Owner's Name, Address and Telephone Number (including area code):			
Name of Applicator or Operator and Telephone Number (including area code):			
Location and Description of Trial (include county, section, range & township - *use attached sheet if necessary):			
Additional Data for Sites with Fish: For endangered species info. please call (360)902-1936.		Comments:	
Endangered species present (yes / no):	Application during salmon outmigration period (yes /no):		
Signature:	Date:	(Official Use Only): WSEUP No. _____ Expiration Date _____	

¹ Value (mg/kg or mg/l) or category, species (e.g. rat or rabbit) and time period (e.g. 24-hr)

² Value (mg/l), species and time period (e.g. 96-hr). Rainbow trout (*Oncorhynchus mykiss*), coho salmon (*Oncorhynchus kisutch*), or bluegill sunfish are preferred.

³ Value (mg/l), species and time period (e.g. 48-hr LC₅₀). *Daphnia magna* or *Daphnia pulex* are preferred.

⁴ EC_x = Experimentally derived chemical concentration that is calculated to effect X percent of the test criterion